

## **WHITE HOUSE CONFERENCE ON AGING POST-EVENT SUMMARY REPORT**

### **WHITE HOUSE CONFERENCE ON AGING AGENDA AREA: HEALTH AND LONG TERM LIVING**

**Name of Event:** Seminar on Health Care Literacy

**Date of the Event:** 02/03/2005

**Location of the Event:** The Chicago Bar Association, 321 South Plymouth Court, Chicago, Illinois

**Number of Persons Attending:** 35

**Sponsoring Organizations:** The Task Force on Issues Affecting Women as They Age organized of The Chicago Bar Association and Women's Bar Association of Illinois

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### **EVENT SUMMARY:**

Thirty five persons including professionals, students, retirees, advocates and educators attended this second session of an educational series sponsored by the Task Force. This session featured a presentation by Joanne G. Schwartzberg, MD, Director of Aging and Community Health, American Medical Association on **Health Care Literacy** which is defined by the Department of Health and Human Services Healthy People 2010 Initiative as "the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate decisions." The presentation which included a short film, slides and some exercises in literacy for the attendees was followed by an open discussion of this issue. After the general session, the Task Force members convened to review the material presented, discuss it with several of the panelists and formulate a priority area for the 2005 White House Conference on Aging.

## **PROBLEM STATEMENT**

Equal access to benefits and programs for eligible persons whether provided through private or public organizations is a fundamental right protected by Civil Rights legislation. Yet there is documented evidence that nearly half of all American adults – 90 million – have difficulty understanding and acting upon health information thus denying them full access to their health care benefits. Many Americans fail to understand in whole or part health care treatment risks, the content of consent forms, dietary restrictions, use of medicines and required lifestyle changes. Low health care literacy cuts across generational, gender, ethnic and economic lines and can have dire consequences on people's health as well as serious economic implications. This problem increases with age as almost 70% of all persons over 85 are technically health care illiterate. The National Academy on an Aging Society sets the cost to consumers, providers and payors at \$50 to \$73 Billion each year.

## **PRIORITY ISSUE #1**

**We must recognize that Health Care Illiteracy exists and results in great costs to individuals and the health care system.** It is important that we continue to measure and document how pervasive this problem is and to develop strategies and incentives to health care providers to decrease and eventually eradicate it.

### **Barriers:**

- Our medical system has become incredibly complex and sophisticated over the last 30 years. We have gone from 650 available prescription drugs to over 10,000 of such drugs, each with special instructions.
- Current guidelines for Medicare, Medicaid, HMO's and PPO's discourage long office visits or hospital stays. Often the patient is not sufficiently educated on how to follow his/her treatment plan.
- There is a lack of public education on this problem and the importance of making certain that the patient or caregiver is clear on the treatment plan. Many consumers simply accept inadequate and confusing directions hoping to muddle through.

### **Solutions:**

- The Task Force offers a suggested solution for this growing problem in a three-tiered approach:
  - #1. EDUCATION:
    - Begin now with required education on this issue for all licensed health care providers as a condition for licensure.

- Require the Centers for Medicare and Medicaid and the Public Health Service to develop public education materials on the pervasiveness of this problem and how consumers can demand more understandable medical instruction and more patient/provider time.
- #2. MODEL PROJECTS: DHHS, Foundations, Associations and Universities should collaborate to on a grant program to develop model protocols for the screening of patients, involvement of families in treatment, development of training and education materials
- #3. PROVIDER INCENTIVES: Build into contracts with providers incentives to screen patient, to use low-literacy materials and protocols.

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